



Send completed forms to
DOH Communicable
Disease Epidemiology
Fax: 206-418-5515

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

Vibriosis (non-cholera)

County _____

REPORT SOURCE

Initial report date ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know
Investigation start date: ____/____/____
Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____
Birth date ____/____/____ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: _____ days

Signs and Symptoms

Y N DK NA
☐ ☐ ☐ ☐ **Diarrhea** Maximum # stools in 24 hours: _____
☐ ☐ ☐ ☐ Bloody diarrhea
☐ ☐ ☐ ☐ **Watery diarrhea**
☐ ☐ ☐ ☐ **Abdominal cramps or pain**
☐ ☐ ☐ ☐ Nausea
☐ ☐ ☐ ☐ **Vomiting**
☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): _____
☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk
☐ ☐ ☐ ☐ Headache
☐ ☐ ☐ ☐ Muscle aches or pain (myalgia)
☐ ☐ ☐ ☐ Rash

Predisposing Conditions

Y N DK NA
☐ ☐ ☐ ☐ Immunosuppressive therapy or disease
☐ ☐ ☐ ☐ Systemic corticosteroids in last 30 days
☐ ☐ ☐ ☐ Cancer, solid tumors, or hematologic malignancies
☐ ☐ ☐ ☐ Chemotherapy 30 days prior to onset
☐ ☐ ☐ ☐ Chronic diabetes
☐ ☐ ☐ ☐ Insulin-dependent diabetes
☐ ☐ ☐ ☐ Chronic heart disease
☐ ☐ ☐ ☐ Preexisting heart failure
☐ ☐ ☐ ☐ Gastric surgery or gastrectomy in past
☐ ☐ ☐ ☐ Peptic ulcer
☐ ☐ ☐ ☐ Chronic liver disease
☐ ☐ ☐ ☐ Chronic kidney disease
☐ ☐ ☐ ☐ H2 blocker or ulcer medication (e.g. Tagamet, Zantac, Omeprazole)
☐ ☐ ☐ ☐ Radiotherapy in last 30 days
☐ ☐ ☐ ☐ Antibiotic use in 30 days prior to onset
☐ ☐ ☐ ☐ Acute injury or wound Date: ____/____/____
Anatomic site: _____
☐ ☐ ☐ ☐ Alcoholism
☐ ☐ ☐ ☐ Antacid use regularly

Clinical Findings

Y N DK NA
☐ ☐ ☐ ☐ **Sepsis syndrome**
☐ ☐ ☐ ☐ **Shock**
☐ ☐ ☐ ☐ **Cellulitis**
☐ ☐ ☐ ☐ **Cutaneous ulcer**
☐ ☐ ☐ ☐ Hematologic disease
☐ ☐ ☐ ☐ Other clinical findings consistent with illness
Specify: _____

Hospitalization

Y N DK NA
☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____
Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA
☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

Collection date ____/____/____

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ **Pathogenic *Vibrio* species (except toxigenic *V. cholerae*) culture (clinical specimen)**

Specimen source: ☐ Stool ☐ Wound
☐ Other: _____

☐ *V. parahaemolyticus*

☐ *V. vulnificus* isolation

☐ *V. alginolyticus*

☐ *V. fluvialis*

☐ Non-toxigenic *V. cholerae*

☐ Other pathogenic non-cholera *Vibrio* species
Specify: _____

☐ Unidentified

☐ ☐ ☐ ☐ ☐ Food specimen submitted for testing

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to figure probable exposure periods

Days from onset:

Exposure period

-4

-0

o
n
s
e
t

Calendar dates:

EXPOSURE* (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
☐ ☐ ☐ ☐ Contact with lab confirmed case
☐ Casual ☐ Household ☐ Sexual
☐ Needle use ☐ Other: _____
☐ ☐ ☐ ☐ Shellfish or seafood
County or location shellfish collected: _____

Undercooked, or raw: ☐ Y ☐ N ☐ DK ☐ NA
☐ **Section IV of CDC surveillance report form completed (see note below)**

- ☐ Patient could not be interviewed
☐ No risk factors or exposures could be identified

Y N DK NA

- ☐ ☐ ☐ ☐ Handled raw seafood
☐ ☐ ☐ ☐ Known contaminated food product
☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
☐ ☐ ☐ ☐ Food from restaurants
Restaurant name/location: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Source of drinking water known
☐ Individual well ☐ Shared well
☐ Public water system ☐ Bottled water
☐ Other: _____
☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
☐ ☐ ☐ ☐ Skin exposed to water or aquatic organisms
☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Note: Section IV (only) of the CDC surveillance report form is also required for each seafood type ingested during the exposure period. The CDC surveillance report form can be found at:
<http://www.doh.wa.gov/ehp/sf/vibqx.pdf>

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

- ☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Antibiotic name: _____
Date/time antibiotic treatment began: ____/____/____ AM PM # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Initiate trace-back investigation
☐ Restaurant inspection
☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____